

## Florida Statewide Quality Assurance Program Provider Discovery Review

The Provider Discovery Review is used to evaluate the provider's performance in delivering appropriate services and supports to assist the person in achieving personal goals and meeting identified needs. The process evaluates how well services are delivered, service delivery requirements, and program standards. Requirements are reflected in the July 2007 (effective 12.3.08) Developmental Disabilities Waiver Services Coverage and Limitations Handbook, the Core Assurances, and the Home and Community Based Services Quality Framework.

### Discovery Methodology Legend

- **PD** Provider Documentation
- **PI** Provider Interview
- **RR** Individual Record Review

**Standards:** Standards are specific performance indicators used to determine or if the provider's program systems meet Handbook expectations. These systems, implemented consistently, should support individuals receiving services in pursuing their personal goals.

**Score:** The provider will be scored on each standard with met, not met, or not applicable.

**\***: The asterisk is used to identify standards as recoupable, if documentation required by the Developmental Disabilities Waiver Services Coverage and Limitations Handbook is not present in the file at the time of billing.

**A:** An **alert** will be activated when the Quality Assurance Reviewer determines the person's health, safety, and/or rights are in jeopardy and immediate corrective interventions are needed. Standards subject to an alert are identified under the appropriate probe.

**Level II Background Screening:** Failure to meet the requirements for Level II Background Screening will result in an **alert** being activated on the provider's review. The local office for the Agency for Persons with Disabilities will be immediately notified by the Quality Assurance Reviewer. The provider will be expected to submit in writing to the local APD office, within 10 days of the close of the review, documentation of correction for this requirement.

**H** = Developmental Disabilities Waiver Services Coverage and Limitations Handbook; references in the standards to the Handbook contain the section-page number in the Handbook on which that expectation may be found.

**CA** = Core Assurances; references in the standards to the Core Assurances contain the section in which that expectation may be found.

**FS** = Florida Statutes

FAC = Florida Administrative Code

CDC+ Participant Notebook version 3.0

Current = 12 month period under review

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### Provider Demographics

Review ID #

APD Area

Provider tiers 1-3 ID #

Provider tier 4 ID #

Provider Type – Solo      Agency

First Name

Last Name

Suffix

Title

Company

Address

City

State

Zip

Email

Phone

Secondary Mailing Address

First Name

Last Name

Suffix

Company

Address

City

State

Zip

Review Start Date

Review End Date

Period Under Review

mm/dd/yyyy to mm/dd/yyyy

Number of staff files reviewed: \_\_\_\_\_

Total # of individuals served by the provider: \_\_\_\_\_

### Total # Served by Service

<b>Service</b>	<b>Total # served</b>
Adult Day Training	
Adult Dental	
Behavior Assistant	
Behavior Analysis - Level 1	
Behavior Analysis - Level 2	
Behavior Analysis - Level 3	
Companion	
Consumable Medical Supplies	
Dietitian	
Durable Medical Equipment and Supplies	
Environmental Accessibility Adaptations	
In Home Support Services	
Medication Review	
Occupational Therapy	
Personal Care Assistance	
Personal Emergency Response Systems	
Physical Therapy	
Private Duty Nursing	
Residential Habilitation Services	
Residential Nursing Services	
Respite Care	
Skilled Nursing	
Special Medical Home Care	
Specialized Mental Health Services	
Speech Therapy	
Support Coordinator/CDC+ Consultant - Full	
Support Coordinator/CDC+ Consultant - Limited	

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Supported Employment	
Supported Living Coaching	
Transportation	

**Site Observations**

Licensed Residential locations  
(Maximum of 10)

Name of licensed residential location	# of individuals served at this location

Adult Day Training (ADT) locations  
(All)

Name of ADT program	# of individuals receiving ADT at this location

Number of Person Centered Review Record Reviews included in the sample: \_\_\_\_\_

Number of additional individuals sampled for record reviews: \_\_\_\_\_



# Provider Discovery Review Administrative Tool

## Background Screening: ALL Providers

				Met	Not Met	N/A
1	PD  A	The provider has completed all aspects of required Level II Background Screening.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
		H 1-2; H 1-11; H 1-12				

## Required Training: ALL Providers

				Met	Not Met	N/A
2	PD	The provider received training in Zero Tolerance.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
		CA A-9				
3	PD	The provider received training in Direct Care Core Competency.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
		CA A-9				
4	PD	The provider received training in HIPAA.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
		H 1-15				

				Met	Not Met	N/A
5	PD	The provider received training in Person Centered Approach/Personal Outcome Measures.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
		CA A-9				
6	PD	The provider received training with an emphasis on choice and rights.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
		CA A-9				
7	PD	The provider received training in the development and implementation of the required documentation for each waiver service provided.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
		CA A-9				
8	PD	The provider received training on the Medicaid Waiver Services Agreement, its Attachments and the Developmental Disabilities Waiver Services Coverage and Limitations Handbook and its appendices.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
		CA A-9				
9	PD	The provider received training specific to the scope of the services rendered.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
		CA A-9				



				Met	Not Met	N/A
10	PD	The provider received training specific to the needs or characteristics of the individual as required to successfully provide services and supports.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
		A-9 2.1 F				
11	PD A	If applicable, the provider received training in Medication Administration per FAC 65G-7.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
		FAC 65G-7 Applies to any service provider who administers medication who is not authorized, certified or otherwise permitted by Florida law to administer medication or to supervise self-administration of medication.				
12	PD A	If applicable, the provider has been validated on medication administration per FAC 65G-7.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
		FAC 65G-7 Applies to any service provider who administers medication who is not authorized, certified or otherwise permitted by Florida law to administer medication or to supervise self-administration of medication.				
13	PD	The provider received required training regarding FAC 65G-8.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
		FAC 65G-8 Future Requirement				

Required Training: Service Specific								
					Met	Not Met	N/A	
14	PD	<i>Applies to Adult Day Training, Behavior Assistant, Companion, In-Home Supports, Personal Care Assistance, Respite Care, Residential Habilitation, Special Medical Home Care, Supported Living Coach</i>						
		The provider received training in HIV/AIDS. (Infection Control now captured in Core Comp.)	Employee 1					
			Employee 2					
			Employee 3					
			Employee 4					
			Employee 5					
Service specific training requirements, Handbook Ch. 1								
15	PD	<i>Applies to Adult Day Training, Behavior Assistant, Companion, In-Home Supports, Personal Care Assistance, Respite Care, Residential Habilitation, Special Medical Home Care, Supported Living Coach</i>						
		The provider received training in Cardiopulmonary Resuscitation (CPR).	Employee 1					
			Employee 2					
			Employee 3					
			Employee 4					
			Employee 5					
Service specific training requirements, Handbook Ch. 1								
16 A	PD	<i>Applies to Adult Day Training</i>						
		The provider received 8-hrs of annual in-service related to implementation of individually tailored services.	Employee 1					
			Employee 2					
			Employee 3					
			Employee 4					
			Employee 5					
Service specific training requirements, Handbook Ch. 1								
16 B	PD	<i>Applies to Supported Employment</i>						
		The provider received 8-hrs of annual in-service related to implementation of individually tailored services.	Employee 1					
			Employee 2					
			Employee 3					
			Employee 4					
			Employee 5					
Service specific training requirements, Handbook Ch. 1								

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			Met	Not Met	N/A	
16 C	PD	<i>Applies to Supported Living Coaching</i>				
		The provider received 8-hrs of annual in-service related to implementation of individually tailored services.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
Service specific training requirements, Handbook Ch. 1						
17	PD	<i>Applies to Waiver Support Coordinator/CDC+ Consultants</i>				
		The provider received 34 hours of Statewide pre-service training.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-36, 1-37						
18	PD	<i>Applies to Waiver Support Coordinator/CDC+ Consultants</i>				
		The provider received 26 hours of Area-specific training.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-36, 1-37						
19	PD	<i>Applies to Waiver Support Coordinator Currently not holding WSCs accountable on this requirement.</i>				
		The provider has received training on the Administration of APD Assessment Tool.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-36, 1-37						

			Met	Not Met	N/A	
20	PD	<i>Applies to Waiver Support Coordinator</i>				
		The provider received 24 hours of ongoing annual job related training.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-36, 1-37						
21	PD	<i>Applies to CDC+ Consultants</i>				
		Provider received a Certificate of Consultant Training from a designated APD trainer.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
CDC+ Participant Notebook version 3.0 p. 32						
22	PD	<i>Applies to Supported Employment</i>				
		The provider received 18 hours of pre-service certification training. If enrolled before March 1, 2004, a solo provider or agency staff is only required to have twelve (12) hours of pre-service training.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-38						
23	PD	<i>Applies to Supported Employment</i>				
		The provider has attended an employment-related conference.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-38						

			Met	Not Met	N/A	
24	PD	<i>Applies to Supported Living Coaching</i>				
		The provider received 12 or 18 hours of pre-service certification training. (12 hrs prior to October 2003-18 hrs after October 2003).	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-39						
25	PD	<i>Applies to Behavior Assistant</i>				
		The provider received 20 contact hours of instruction in a curriculum, meeting the requirements specified by the APD and approved by the APD-designated behavior analyst.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-19						
<div style="background-color: #cccccc; padding: 5px; font-weight: bold;">Minimum Education and Experience</div>						
			Met	Not Met	N/A	
26	PD	Adult Day Training				
		The provider meets all minimum educational requirements and levels of experience.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-16						
27	PD	Behavior Analysis				
		The provider meets all minimum educational requirements and levels of experience.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-18						
			Met	Not Met	N/A	

28	PD	Behavior Assistant				
		The provider meets all minimum educational requirements and levels of experience.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-19						
29	PD	Companion				
		The provider meets all minimum educational requirements and levels of experience.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-20						
30	PD	In Home Supports				
		The provider meets all minimum educational requirements and levels of experience.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-24						
31	PD	Personal Care Assistance				
		The provider meets all minimum educational requirements and levels of experience.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-25						

			Met	Not Met	N/A	
32	PD	Respite Care				
		The provider meets all minimum educational requirements and levels of experience.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-31						
33	PD	Residential Habilitation				
		The provider meets all minimum educational requirements and levels of experience.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-28, 29						
34	PD	Special Medical Home Care				
		The provider meets all minimum educational requirements and levels of experience.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-33						
35	PD	Waiver Support Coordinator/CDC+ Consultant				
		The provider meets all minimum educational requirements and levels of experience.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-35						



			Met	Not Met	N/A	
36	PD	Supported Employment				
		The provider meets all minimum educational requirements and levels of experience.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-38						
37	PD	Supported Living Coaching				
		The provider meets all minimum educational requirements and levels of experience.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
H 1-39						
38	PD	Drivers of transportation vehicles are licensed to drive vehicles used.	Employee 1			
			Employee 2			
			Employee 3			
			Employee 4			
			Employee 5			
		CA 2.0.J				
Policies, Procedures and Practices						
Standards 39, 40, 42, 48, 50, 51 and 56 are required of All agency or group providers and Solo practitioners providing the following services: Residential Habilitation services, Support Coordination, Supported Employment, and Supported Living Coaching (Optional for all others).						
			Met	Not Met	N/A	
39	PD	The provider has written policies and procedures on the use of the personal outcome process, and how individual outcome information will be incorporated into service delivery planning.				
		CA 3.0.B.1				
			Met	Not Met	N/A	

40	PD	The provider has written policies and procedures governing how a person-centered approach to services will be provided in order to meet the needs of the recipients served and to achieve the personal goals on the support plan.			
		CA 3.0.B.2			
41	PI	The provider is able to describe the organization's person centered planning process, i.e. developing Implementation Plans, Support Plans, etc.			
		CA 2.0; CA 3.0.B.2			
42	PD	The provider has written policies and procedures that will promote the health and safety of every recipient who receives services (to include Abuse/Neglect, Incident Reports, and Bill of Rights).			
		CA 3.0.B.3			
43	PI	The provider can describe procedures for reporting any rights violations.			
		CA 3.0.B.3			
44	RR	The provider has evidence of teaching individuals/legal representatives about their rights, e.g. signed receipt of the Bill of Rights of Persons with developmental disability, at least once annually.			
		CA 2.0.E			
45	PI	The provider can describe reporting procedures for any incidents of abuse, neglect, and/or exploitation.			
		CA 2.0			
46	PD	The provider has identified and addressed trends related to abuse, neglect, and exploitation.			
		CA 3.1			
47	RR	All instances of abuse, neglect, and exploitation have been reported.			
		CA 2.0.B; CA 2.2.A.3			
48	PD	The provider has written policies and procedures which detail the safe administration and handling of medication in order to assure the health and safety of recipients served; if it is the policy of the provider that the provider or the provider's staff should not administer or assist in administration of medication, this should be clearly stated.			
		CA 3.0.B.4			
			Met	Not Met	N/A

49	PD	The provider tracks and addresses medication errors (if administering medication).			
		Ch 65 G-7.006.6			
50	PD	The provider has written policies and procedures to ensure the smooth transition of the recipient between providers and other supports and services.			
		CA 3.0.B.5			
51	PD	The provider has written policies and procedures that address the provider's staff training plan and that specify how pre-service and in-service activities will be carried out including HIV/AIDS training pursuant to Chapter 381.0035, F.S., CPR, and all other mandated training.			
		CA 3.0.B.6			
<b>****All providers are required to have a written grievance policy.</b>					
52	PD	****The provider has written policies and procedures to address grievances.			
		CA 3.0.B.7; CA 3.9			
53	PD	The provider maintains a log of all grievances.			
		CA 3.9.3			
54	RR	The provider has evidence of teaching the individual/legal representative about the grievance policy.			
		CA 3.9.A.2			
55	RR	Individuals sign the provider's grievance policy within 30 days of beginning services and annually thereafter.			
		CA 3.9.A.1			
****Annual Self Assessment is required of All agency providers and Solo practitioners providing the following services: Residential Habilitation services, Support Coordination, Supported Employment, and Supported Living Coaching.					
56	PD	The provider has a written policy for conducting self-assessments.			
		CA 3.0.B.8			
57	PD	The provider has completed a Self Assessment including all required components at least once in the past year.			
		CA 3.1			
58	PD	The provider has taken quality improvement actions as a result of the self assessment.			
		CA 2.2			
			Met	Not Met	N/A

59	PD	The agency or group provider maintains a current table of organization, including board of directors (when applicable), directors, supervisors, support staff, and all other employees.			
		CA 3.0.C			
****All providers are required to report any known "Reportable Events" to the local Area within the required timeframes in accordance with the Core Assurances (A-4).					
60	PD	The provider tracks and addresses all incident reports.			
		CA 2.2			
61	PD	The provider updates policies and procedures in a timely manner.			
		CA 3.0.A			
62	PD	Vehicles used for transportation are properly insured and properly registered.			
		CA 2.0.J			
63	PD	The provider has evidence of monitoring and reviewing projected service outcomes.			
		H 1-6; H 1-17 Adult Day Training			
64	PD	The provider has evidence of monitoring and reviewing projected service outcomes.			
		H 1-6; H 1-30 Residential Habilitation			
65	PD	The provider has evidence of monitoring and reviewing projected service outcomes.			
		H 1-6; H 1-37 Waiver Support Coordinator			
66	PD	The provider has evidence of monitoring and reviewing projected service outcomes.			
		H 1-6; H 1-38 Supported Employment			
67	PD	The provider has evidence of monitoring and reviewing projected service outcomes.			
		H 1-6; H 1-30 Supported Living Coaching			